

MAR 23 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

7389

1. PLACE OF DEATH

County *New Madrid*Registration District No. *694*Township *New Madrid*Primary Registration District No. *5882*City *Robert M. E. Fadden*(No. *694*)File No. *7389*Registered No. *7389*St. *Mo* Ward *Mo*

2. FULL NAME

(a) Residence, No. *Robert M. E. Fadden*St. *Mo*Ward. *Mo*

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

unk

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

unk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

about 1897

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

about 40

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Lab. Turner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tenn

13. NAME

Nath. Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tenn

15. MAIDEN NAME

Thacker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

unk

17. INFORMANT (ADDRESS)

H. S. Smith, Cornicheville, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Hardell - Mo

DATE

Feb 11 1937

19. UNDERTAKER (ADDRESS)

H. S. Smith, Cornicheville, Mo

20. FILED

*2/22 1937**Wm. O'Bannon*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Jan 30 1937

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19

I last saw him alive on

to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

Drowned

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *Accident* Date of injury *Jan 30 1937*Where did injury occur? *New Madrid - County*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *Borgedant with men*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *L. A. Richardson, M.D.*(Address) *New Madrid, Mo*

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

